

CA2ALHM 5
H59

1974 c.1

How you benefit from your Alberta Health Care Insurance Plan

LIBRARY
VAULT 19

Alberta

HEALTH CARE

INSURANCE COMMISSION

1974

This brochure is not an exact statement of the acts or regulations but is designed to give a general outline of the Alberta Health Care Insurance Plan. All information is subject to current provisions of The Alberta Health Care Insurance Act, The Health Insurance Premiums Act, and the regulations.

Additional information may be obtained by contacting—
ALBERTA HEALTH CARE INSURANCE COMMISSION

EDMONTON

Groat Road & 118 Avenue
Box 1360

Edmonton, Alberta
T5J 2N3

Telephone Inquiries:
453-4211

CALGARY

J. J. Bowlen Building
620 - 7 Avenue S.W.

Calgary, Alberta
T2P 0Y8

Telephone Inquiries:
261-6411

July 1, 1974.

PLEASE QUOTE YOUR IDENTITY NUMBER WHEN CORRESPONDING WITH, OR MAKING INQUIRIES OF THE COMMISSION.

USE YOUR PLAN WISELY

IT WAS DESIGNED FOR YOUR HEALTH PROTECTION. IF IT ISN'T USED WISELY, IT WILL BE:

- * LESS EFFICIENT
- * LESS AVAILABLE TO THOSE IN NEED OF IT
- * A WASTE OF VALUABLE TIME FOR HEALTH PROFESSIONALS
- * A WASTE OF MONEY THAT BELONGS TO ALL ALBERTANS

TABLE OF CONTENTS

1. HOW YOU BENEFIT	4
2. HEALTH SERVICES NOT COVERED	4
3. EXTENDED HEALTH BENEFITS	5
4. OUT-OF-PROVINCE COVERAGE	5
5. EMERGENCY FINANCIAL ASSISTANCE	6
6. HOW YOUR BENEFITS ARE PAID	6
7. REGISTERING YOURSELF AND DEPENDANTS FOR COVERAGE	7
8. HOW TO OPT-OUT	8
9. OPTIONAL HEALTH SERVICES	9
10. WHAT IT COSTS YOU	10
11. PREMIUM ASSISTANCE	11
12. MOST ASKED QUESTIONS	12

DEFINITIONS

Benefit Period—a period of 12 consecutive months commencing the first day of July each year.

Resident—"A person lawfully entitled to be or to remain in Canada and who makes his home and is ordinarily present in Alberta but does not include a tourist, transient⁺ or visitor to Alberta".

Taxable Income—your total income less allowable deductions for income tax purposes.

1. HOW YOU BENEFIT

Basic Health Services

- Medically-required services of general practitioners, specialists (surgeons, radiologists, etc.) and osteopaths, paid for under an approved schedule of fees.
- A number of specified oral surgical procedures carried out by a dental surgeon.
- Optometric services restricted to one eye examination including refraction and the writing of a prescription for the fitting of glasses in each benefit period and is limited to a maximum of \$12.50. The plan does not pay for the fitting or cost of glasses.
- Chiropractic services to a maximum of \$6.00 for each visit with a limit during each benefit period of \$100.00 for single residents and \$150.00 for those with one or more dependants. This coverage includes \$10.00 for x-rays for each particular disability.
- Podiatric services and appliances, paid for under an approved schedule of fees with a limit during each benefit period of \$100.00 for single residents and \$150.00 for those with one or more dependants.

Hospital Services

- Your coverage includes insured hospital services provided under The Alberta Hospitalization Benefits Plan. For a full description of insured hospital services, refer to the pamphlet provided by the Alberta Hospital Services Commission, P.O. Box 2222, Edmonton, T5J 2P4.

2. HEALTH SERVICES NOT COVERED

- Health services not provided by or under the supervision of a practitioner entitled to charge for the service.
- Health services covered under a statute of any other province or territory, any Alberta statute relating to Workers' Compensation, or under any statute of the Parliament of Canada.
- Patient transportation costs.
- Mileage or travelling time of a practitioner.
- Advice given by telephone.
- Medico-legal services.
- Examinations required by a third party for employment, drivers' licenses, schools, summer camps, insurance or similar purposes.

- Routine dental care, dentures, eyeglasses, hearing aids, medical and surgical appliances and supplies, (Please see Section 3 below).
- Any service not medically required.

3. EXTENDED HEALTH BENEFITS FOR SENIOR CITIZENS

If you or your spouse are 65 years of age or more, you and your dependants qualify for Extended Health Benefits for dental care; eyeglasses; hearing aids and medical and surgical appliances and supplies. Details are provided in a special pamphlet available from the commission upon request.

4. OUT-OF-PROVINCE COVERAGE

Permanent Departure from Alberta

If you are leaving Alberta to live permanently in another province of Canada, you will be subject to a waiting period in the province to which you are moving. To ensure continu-

ous coverage you should, **before leaving Alberta**, purchase coverage from the Alberta Health Care Insurance Plan for the period from the day you leave Alberta to the last day of the second month thereafter. This may be extended by one month's travel time.

If you leave Alberta to live permanently **outside Canada**, you may purchase coverage to a maximum of three months following the date of your departure.

You should inform the commission of the date you intend to leave Alberta and the address at which you may be reached.

A "Certificate of Continuing Coverage" will be issued if you apply, provided your premium is paid to the expiry date. This certificate will provide evidence of coverage when you are outside Alberta.

The cost of Health Services in other countries sometimes is much higher than in Alberta. Claims will be paid by the plan at Alberta rates. Registrants are responsible for paying the difference between the full amount charged and the amount payable by the plan.

Temporary Absence from Alberta

Your coverage continues while you temporarily are away from Alberta:

- for a vacation, visit, business engagement or employment, if you intend to return to Alberta, **except where your absence will exceed 12 consecutive months.**
- if in full-time attendance as a student at an accredited educational institute, and you intend to return to Alberta.
- for educational leave from employment for advanced training or sabbatical leave, if you intend to return to Alberta, **except where the absence will exceed 24 consecutive months.**
- when establishing a home outside Alberta with no intention of returning while your spouse maintains a home in Alberta and intends to join you. The coverage in this case will not exceed 12 consecutive months.
- while hospitalized for up to 12 consecutive months during your move to another province with the intent of permanent residence there.

When you expect to be away for more than 6 months you should notify the commission before you leave, giving dates

of departure and return, forwarding address, and purpose of temporary absence.

5. THE ALBERTA HEALTH CARE EMERGENCY FINANCIAL ASSISTANCE PROGRAM

Under this program you may apply for special consideration to help you pay for health or hospital services received outside Alberta when costs exceed the benefits payable under the Alberta Health Care Insurance Plan. It applies where:

- (a) the required services are not available in Alberta, or
- (b) while temporarily absent from Alberta you require the services because of an emergency which could not have reasonably been foreseen or guarded against.

This program will apply only if the excess costs would place an undue burden on your financial resources.

6. HOW YOUR BENEFITS ARE PAID

Normally, your practitioner will submit a claim to the commission for his services and all you have to do is **present your certificate of registration at the time of treatment.**

If you pay a practitioner directly for his services, he will either submit a claim on your behalf or provide sufficient information for you to submit a claim to the commission. Payment will be made to you.

A practitioner may charge more than the commission will pay. For services provided in Alberta you are under no obligation to pay an extra charge unless agreement was made before the service was provided.

7. REGISTERING YOURSELF AND DEPENDANTS FOR COVERAGE

Every resident of Alberta must register himself and his dependants with the commission not later than one month after becoming eligible for coverage. Provided you intend to make your permanent home in Alberta, registration and eligibility become effective:

- on the date of arrival if coming from outside Canada. YOU MUST REGISTER WITHIN ONE MONTH AFTER ARRIVAL.

- on the first day of the third month following the date of arrival if coming from a province or territory within Canada. YOU MUST REGISTER BEFORE THE FIRST DAY OF THE FOURTH MONTH AFTER ARRIVAL.

Failure to follow this procedure will make you personally responsible for all costs of Basic Health Services and Hospital Services until the first day of the third month following the date of registration.

To avoid loss of coverage, you should contact the province you are leaving before you depart and you should also contact The Alberta Health Care Insurance Commission immediately on arrival in Alberta.

Husbands and wives who are separated may register independently. Registrants must complete a report of separation form available from the commission. Children should be registered with the spouse having custody.

Members of the Canadian Forces or the Royal Canadian Mounted Police must register dependants only.

A PERSON MAY NOT REGISTER OR BE REGISTERED UNLESS THAT PERSON IS A "RESIDENT" AS DEFINED ON PAGE 3.

Registration Changes

To ensure continuing coverage notify the commission immediately of:

- change of address.
- new dependants through birth, adoption or marriage.
- persons no longer qualifying as dependants (provide address if available).

A person ceasing to be a dependant but continuing as a resident should register with the commission within three months. Failure to do so may delay coverage until the first day of the third month following the date of registration.

Eligible Dependants

The family premium covers husband and wife, and children less than 21 years old who are single and wholly dependent on the parent. This also includes adopted children, foster children and wards for whom the resident is entitled to claim deductions for income tax purposes.

Also eligible as dependants are single children 21 years old or more who are financially dependent because of infirmity, either physical or mental.

Single children less than 25 years old in full-time attendance at an accredited educational institute may also be registered as dependants.

If you are a new resident from another country, do not register any of your dependants who have not yet arrived in Alberta. They are not eligible for coverage until they arrive in Alberta.

8. HOW TO "OPT-OUT"

For those residents who object in principle to the plan, provision exists whereby they may "opt-out". Applications to "opt-out" are available from the commission offices in Edmonton or Calgary and must be returned to the commission before the start of each benefit period beginning July 1st. In order to avail himself of this privilege, a resident must be registered and his premiums paid in full to June 30th. Those who "opt-out" become personally responsible for payment for all health and hospital services covered under this plan.

THIS CAN BE EXTREMELY EXPENSIVE.

9. OPTIONAL HEALTH SERVICES

For those persons unable to obtain Alberta Blue Cross coverage through an employer, this coverage if desired, is available through the commission on an individual (non-group) basis at special rates to residents in good standing with the Alberta Health Care Insurance Plan. Application forms are available from commission offices and must be returned with at least one-quarter's premium. Coverage will commence from the first day of the month following receipt of application.

Alberta Blue Cross membership provides coverage for hospital differential charges for semi-private and private ward care, ambulance services, prescribed drugs, appliances, home nursing, naturopathic services, clinical psychological services, and dental care needed because of accidental injury. Complete details of this coverage, including limits and amount of deductible are provided in the Alberta Blue Cross pamphlet available with the commission's application for

optional health services and also available from the Alberta Blue Cross office.

NOTE: Send your claims directly to the Alberta Blue Cross Plan, 10025 - 108 Street, Edmonton, T5J 1K9.

Cancellation of Optional Health Services

Coverage will be suspended when your premium payments for basic health coverage or optional health coverage are in arrears for longer than three months. Failure to pay arrears will result in your optional health coverage being cancelled. Premium arrears to date of cancellation will remain your responsibility.

You may cancel your optional health services only by giving the commission advanced notice **in writing**. Coverage will cease at the end of the month in which your written request is received.

NOTE: optional health services coverage may not be cancelled by telephone.

10. WHAT IT COSTS YOU

Basic Health Services and Insured Hospital Services

Basic Premium Rates

	Monthly	Quarterly	Annually
Single	5.75	17.25	69.00
Family	11.50	34.50	138.00

Subsidized Basic Premium Rates

Single, Taxable income not more than \$500.00	3.00	9.00	36.00
Family, Taxable income not more than \$1,000.00	6.00	18.00	72.00
* Single, No Taxable income	Nil	Nil	Nil
* Family, No Taxable income	Nil	Nil	Nil

* Effective only from July 1, 1974.

Optional Health Services (Alberta Blue Cross Non-Group)

	Monthly	Quarterly	Annually
Single	2.00	6.00	24.00
Family	4.00	12.00	48.00

Subsidized Optional Services Rates

Single, Taxable income not more than \$500.00	1.50	4.50	18.00
Family, Taxable income not more than \$1,000.00	3.00	9.00	36.00

PAYMENT OF PREMIUMS

If you are paying your premiums through a group plan, your premium is collected monthly. Direct quarterly billings will commence automatically when you cease to be a member of a group.

If you are paying your premiums directly to the commission, you will be billed quarterly and payment is due on receipt of the premium notice. Payment can be made to the commission offices or through any Treasury Branch or chartered bank in Alberta.

11. PREMIUM ASSISTANCE

Subsidized Premiums

Reduced premiums based on your previous year's taxable income are available if you qualify **and apply**. Applications are available from the commission and also are mailed to each registrant every year before June 30th, unless he is a member of a group plan. Applications are available from group leaders for those paying their premiums through a group plan. **The subsidy granted by the commission applies to one benefit period only and a new application must be made for each benefit period.**

"Taxable income" is your total income less allowable deductions for income tax purposes. If you are single you may apply for subsidy provided your taxable income for the preceding taxation year was not more than \$500.00. You may also apply if your taxable income, when combined with your spouse's, was not more than \$1,000.00. If you are separated from your spouse and maintain separate homes you do not have to include the taxable income of your spouse. Similarly, the taxable income for the preceding year of a deceased spouse does not have to be included.

New residents from outside Canada are not eligible for subsidy during the first 12 consecutive months of residence in Alberta.

Waiver of Premiums (Effective July 1, 1974)

If you had taxable income in the previous calendar year but nevertheless find yourself currently unable to pay your premiums due to financial hardship, you may apply to the commission to have your premiums temporarily waived. Your application will be referred to health and social development to verify the need.

SENIOR CITIZENS

If you or your spouse are 65 years of age or more, premiums are not required for you and your dependants for basic health services and optional health services. Normally, you will be notified shortly before you reach 65. At that time you will be asked to verify your age. If you have not been contacted by your 65th birthday, notify the commission and include proof of age. If you leave Alberta permanently, extended coverage is provided as described in Section 4 except that you are not required to pay the premium.

12. MOST ASKED QUESTIONS

CAUTION: These answers are general and you should refer to the appropriate section in this brochure or inquire directly to the commission in any specific case where doubt may exist.

(1) Q.—Is Alberta Health Care Insurance compulsory?

A.—You must register under the plan in order to obtain benefits. If you object in principle to the plan, you may opt-out as explained in section 8, but you must register first.

(2) Q.—Is there a waiting period when I move to Alberta from another province?

A.—Yes, until the first day of the third month after arrival. An arrangement has been made between provinces whereby the province which you left will extend coverage for that period, provided you have made arrangements with them before departure. To avoid loss of coverage, you should contact The Alberta Health Care Insurance Commission immediately on arrival.

(3) Q.—Is there a waiting period when I move to Alberta from another country?

A.—No, provided you apply within one month of becoming a resident of Alberta, otherwise your coverage will not commence until the first day of the third month following your application.

(4) Q.—Can I add my mother, father, sisters and brothers to my registration?

A.—Mother and father—No.

Sisters and brothers—

—only if you stand in place of their parents and they are single, and

—wholly dependant and under the age of 21, or
—wholly dependant and mentally or physically infirm, or

—under 25 and in full-time attendance at an accredited educational institute.

(5) Q.—I am a student but have vacation employment or part-time employment. Can I remain on my parent's registration?

A.—Yes, provided you are single, and under 25 and have been and intend to continue to be in full-time attendance at an accredited educational institute.

(6) Q.—Can my spouse and dependants remain on my registration if I am separated or divorced?

A.—If separated—yes, if you wish. If divorced—No. Dependants should be registered by the parent having custody.

(7) Q.—If I move permanently from Alberta, how long does my coverage continue under the Alberta plan?

A.—If you move to another province, coverage will continue up to the last day of the second month following departure. One month's additional travelling time will be allowed if needed and requested. If you move to a place outside Canada, you may remain covered for up to three months. In both cases, **your premiums must be prepaid** and you should apply for a certificate of continuing coverage as explained in section 4.

(8) Q.—Can I cancel my registration?

A.—No. Your registration is cancelled only if you leave Alberta permanently, in which case you should notify the commission. If you object in principle to the plan, you may opt-out as explained in section 8.

(9) Q.—Can I cancel my optional health services?

A.—Yes, but advance notice in writing must be given to the commission.

(10) Q.—What happens if I can't afford premiums at the regular rates?

A.—Provision has been made for reduced rates if you are eligible, as outlined in section 11.

(11) Q.—Is there a special rate for students?

A.—If you are in full-time attendance at an accredited educational institute, under 25 and single, you may remain covered as a dependant on your parent's registration. Otherwise you are most likely eligible for subsidy.

(12) Q.—What happens if I have group coverage and change my place of employment?

A.—Your former employer will terminate your coverage with his group and you will be billed on an individual basis until your new employer commences you on his group. You should immediately provide your new employer with your Alberta Health Care Insurance registration number and any information which may be required to update your registration.

(13) Q.—Can a practitioner in Alberta extra-bill me? In other words, can he charge me more than the plan will pay?

A.—Yes, but only if he makes an agreement with you for such a charge before the service is provided. See section 6.

(14) Q.—Will the plan pay for a physical examination for driver's license, school entrance, insurance, etc?

A.—No. Third party examinations are not covered under the plan. See section 2.

(15) Q.—I intend to visit another Canadian province. Will all my medical and hospital bills be paid by the Alberta plan?

A.—Your hospital bills for public ward and other necessary hospital services will be paid. Your medical bills will be paid up to the amount that would be paid for the same service in Alberta.

(16) Q.—I intend to visit outside Canada. Will all my medical and hospital bills be paid by the Alberta plan?

A.—The plan pays only the amount that would be paid for the same medical service in Alberta and up to a prescribed limit for hospital services. Under special circumstances, emergency financial assistance may be available as outlined in section 5.

(17) Q.—If I have to see a doctor or enter hospital while outside Alberta, do I pay the doctor or hospital and claim on the plan or can the doctor or hospital bill the plan directly?

A.—This is a matter to be decided between you and the doctor or hospital. The Alberta Health Care Insurance plan will accept claims from either you or the provider of the service.

(18) Q.—What information is needed with bills for out-of-province services that I have paid?

A.—If the total fee charged was over \$25.00 or in-hospital services were involved, it is necessary that a completed Form A.H.S.C. 84 accompany the bills. (Forms are available from the Edmonton or Calgary office).

If the total fee was under \$25.00 and no in-hospital services were involved, the Form A.H.S.C. 84 is not required but the following information must be provided with the bills:

- Patient's registration number and full name.
- Doctor's name and address.
- Dates of service and number of services.
- Diagnosis and treatment provided.
- Fee charged for each service.
- If hospital charges are claimed, name of hospital and receipt for payment.

NOTES



Digitized by the Internet Archive
in 2026 with funding from
Legislative Assembly of Alberta - Alberta Legislature Library

